

E-filed on June 6, 2025**KEVIN A DARBY 7670**

Name

7670 NV

Bar Code #

**499 W. PLUMB LANE,
SUITE 202
Reno, NV 89509**

Address

775.322.1237

Phone Number

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA**In re: **LA TANA LLC**Case No.: **25-50375**Chapter: **11 - SUB V**

Trustee

Debtor(s)**AMENDMENT COVER SHEET**

The following items have been amended in the above named bankruptcy proceeding (check all applicable boxes).

- ☐ Voluntary Petition (specify reason for amendment)
- ☐ Summary of Schedules
- ☐ Statistical Summary of Certain Liabilities
- ☐ Schedule A - Real Property
- ☐ Schedule B - Personal Property
- ☐ Schedule C - Property Claimed as exempt
- ☒ Schedule D, E, or F, and/or Matrix, and/or List of Creditors or Equity Holders
- ☒ Add/delete creditor(s), change amount or classification of debt - **\$34 Fee required**
- ☐ Add/change address of already listed creditor - **No fee**
- ☐ Schedule G - Schedule of Executory Contracts and Unexpired Leases
- ☐ Schedule H - CoDebtors
- ☐ Schedule I - Current Income of Individual Debtor(s)
- ☐ Schedule J - Current Expenditures of Individual Debtor(s)
- ☐ Declaration Concerning Debtor's Schedules
- ☐ Statement of Financial Affairs and/or Declaration
- ☐ Chapter 7 Individual Debtor's Statement of Intention
- ☐ Disclosure of Compensation of Attorney for Debtor(s)
- ☐ Statement of Current Monthly Income and Means Test Calculation
- ☐ Certification of Credit Counseling
- ☐ Other: __

Amendment of debtor(s) Social Security Number requires the filer to follow the instructions provided by the Office of the U.S. Trustee, see link to the U.S. Trustee's website on our website: www.nvb.uscourts.gov

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Declaration of Debtor

I (We) declare under penalty of perjury that the information set forth in the amendment(s) attached hereto is (are) true and correct to the best of my (our) information and belief.

/s/ RICHARD BRAGIEL

RICHARD BRAGIEL

Debtor's Signature

Date: June 6, 2025

Fill in this information to identify the case:Debtor name **LA TANA LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **25-50375**
☒ Check if this is an amended filing
Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).
☐ No. Go to Part 2.

☒ Yes. Go to line 2.
2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount	
2.1	Priority creditor's name and mailing address INTERNAL REVENUE SERVICE P.O. Box 21126 DPN 781 Philadelphia, PA 19114	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: NOTICE ONLY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address NEVADA DEPARTMENT OF TAXATION 3850 ARROWHEAD DRIVE CARSON CITY, NV 89706	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$27,546.00	\$27,546.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: SALES TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor	LA TANA LLC Name	Case number (if known)	25-50375
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3.1	Nonpriority creditor's name and mailing address ALAN L BROWN 529 N SUTRO TERRACE CARSAON CITY, NV 89706 Date(s) debt was incurred <u>11/01/2024</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$42,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNSECURED LOAN TO BUSINESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.2	Nonpriority creditor's name and mailing address AMERICAN EXPRESS PO BOX 60189 CITY OF INDUSTRY, CA 91716-0189 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>1004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$22,295.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>BUSINESS CREDIT CARD</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.3	Nonpriority creditor's name and mailing address CHASE INK P.O. BOX 15123 WILMINGTON, DE 19850-5123 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>8837</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$26,197.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>BUSINESS CREDIT CARD</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.4	Nonpriority creditor's name and mailing address DOTTED AND CROSSED 2004 W FOREST PLEASANT PLACE PHOENIX, AZ 85085-7083 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,750.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.5	Nonpriority creditor's name and mailing address EVANS BROADCAST COMPANY, INC 1960 IDAHO ST CARSON CITY, NV 89701 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>3405</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>ADVERTISING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.6	Nonpriority creditor's name and mailing address FIRST INDEPENDENT BANK C/O WESTERN ALLIANCE BANK PO BOX 97614 LAS VEGAS, NV 89193-7614 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>1786</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20,953.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>BUSINESS CREDIT CARD</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.7	Nonpriority creditor's name and mailing address SALDINOS p.o. bOX 12266 FRESNO, CA 93777-2266 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>9460</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$23,665.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor LA TANA LLC Name	Case number (if known) 25-50375
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3.8 Nonpriority creditor's name and mailing address US BANK P.O. BOX 790408 SAINT LOUIS, MO 63179-0408 Date(s) debt was incurred ____ Last 4 digits of account number 8921	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20,522.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: BUSINESS CREDIT CARD Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.9 Nonpriority creditor's name and mailing address US BANK P.O. BOX 790408 SAINT LOUIS, MO 63179-0408 Date(s) debt was incurred ____ Last 4 digits of account number 7492	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,164.62 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: BUSINESS CREDIT CARD Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.10 Nonpriority creditor's name and mailing address W. HOWARD TREADAWAY 392 PARKHILL DRIVE CARSON CITY, NV 89701 Date(s) debt was incurred 11/01/2024 Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED LOAN TO BUSINESS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.11 Nonpriority creditor's name and mailing address WESTERN ALLIANCE BANK PO BOX 26237 LAS VEGAS, NV 89126-0237 Date(s) debt was incurred ____ Last 4 digits of account number 0001	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$67,675.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LINE OF CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.12 Nonpriority creditor's name and mailing address WESTERN ALLIANCE BANK PO BOX 26237 LAS VEGAS, NV 89126-0237 Date(s) debt was incurred ____ Last 4 digits of account number 0001	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,056.59 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OVERDRAFT PROTECTION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 27,546.00
5b. +	\$ 257,379.15

5c.	\$ 284,925.15
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